

STANDARD CERTIFICATE OF DEATH

5558

State File No.

FILED MAR 9 1955

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>209</u>		PRIMARY REG. DIST. NO. <u>3043</u>		Registrar's No. <u>64</u>	
1. PLACE OF DEATH a. COUNTY <u>Marion</u> <u>4</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>MARION</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>HANNIBAL</u>		c. LENGTH OF STAY (In this place) <u>2 Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>PHILADELPHIA</u>		d. STREET ADDRESS (If rural, give location) <u>TOWNSHIP LIMITS</u> <u>0640</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION</u> <u>DAVIS REST. HOME</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>2-25-1955</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>AMANDA</u> b. (Middle) <u>KATHERYNE</u> c. (Last) <u>MALLOREY</u>		5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	
8. DATE OF BIRTH <u>11/12/1879</u>		9. AGE (In years last birthday) <u>75</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>THOMAS SHROPSHIRE</u>		13b. MOTHER'S MAIDEN NAME <u>MARGARET DICKSON</u>		14. NAME OF HUSBAND OR WIFE <u>PEARL MALLOREY</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Chas. Reed</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (a) <u>Arterio-sclerotic heart</u> ANTECEDENT CAUSES DUE TO (b) <u>Disease & muscular</u> DUE TO (c) <u>Stutter</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>7 mo.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>Sept. 16</u> , 19 <u>54</u> , to <u>MAY 2-25-55</u> , that I last saw the deceased alive on <u>Jan. 26</u> , 19 <u>55</u> , and that death occurred at <u>7:00A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. Canella md. 1875</u>				23b. ADDRESS <u>707 Parkway</u>		23c. DATE SIGNED <u>3/1/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>2/27/1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>PHILADELPHIA</u>		24d. LOCATION (City, town, or county) (State) <u>PHILADELPHIA Mo</u>	
DATE REC'D BY LOCAL REG. <u>3/2/55</u>		REGISTRAR'S SIGNATURE <u>Dr. E. M. Leake By J. C. Fisher</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Harold Garner</u> <u>Harold Garner</u>			

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED MAR 8 1955
MARION CO. HEALTH DEPT.
DATE FILED MAR 8 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed Harold Turner

Signed.....
Student Embalmer

Licensed Embalmer No. 3720

P. O. Address Moore City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.